THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LX. THURSDAY, FEBRUARY 17, 1859. No. 3.

TWO CASES OF MEMBRANOUS CROUP—TRACHEOTOMY.

[Communicated for the Boston Medical and Surgical Journal.]

CASE I.—At 4 o'clock, P.M., Jan. 3, 1859, I was called to see Stella L. D——, a fat, robust-looking child, æt. 3. I soon learned the following brief history. The child is subject to a cough at times, otherwise always well. She has had more or less cough for a week. Jan. 1, she was out, and wet her feet. At night, her cough became "croupy," with hoarseness of voice, and a dry, wheezing respiration. After free vomiting, the breathing was easier, and on Sunday morning she appeared better. In the afternoon and evening the symptoms returned with increased vigor, accompanied with fever. Emetics and external applications were used. She passed a restless night, but was more comfortable in the morning. Her symptoms, however, soon became aggravated.

The first view of the patient at once indicated the malady, and that of a severe type. I found the pulse at 120, respirations 45, face flushed, the voice hoarse, cough frequent, at times harsh, dry and ringing, followed by a sibilant sound in the larynx and trachea at each inspiration. No crepitus was heard in the lungs, over back or front. Both tonsils were swollen, and covered with a thick, tough, white membranous exudation, as were also the posterior nares, extending down as far as the eye could see. There was much thirst, and no relish for food. I ordered emetics, to be followed by calomel and Dover's powder, and a forty-grain solution of nitrate of silver to be applied by means of a sponge; also volatile liniment externally; the temperature of room to be kept elevated and moist.

It is unnecessary to detail all the particulars in this case: I will only name the more important points.

Jan. 4th.—In the morning, the respiration and cough were a little easier; but in the evening, the pulse was at 130, and the breathing increased, loud and whistling. Patient sleeps at times with eyes partly opened. At each application of the nitrate the

respiration was much improved for awhile. The sponge brought up large quantities of membranous exudation. Chlorate of potash was freely given.

On the morning of Jan. 5th, the patient was evidently no better. As additional treatment, a tobacco cataplasm was applied to the neck and chest, and retained for five minutes, when paleness of the face occurring, it was immediately removed. Free vomiting at once followed, and also a dejection. Several pieces of membrane were expelled from the mouth.

At 10, A.M., Dr. E. D. G. Palmer saw the patient with me. As her appearance looked more favorable since the application of the cataplasm, it was thought advisable to continue the treatment. At 4 o'clock, we saw the child again. The tobacco had been used twice, on account of the returning dyspnœa, much to the relief of the sufferer. At one time a tubular portion of membrane was thrown off, more than an inch in length. Better hopes were entertained for the recovery of the patient. She took more food, and noticed surrounding objects. Treatment to consist of expectorants, the nitrate, and the cataplasm if necessary.

6th.—She had a restless night. All the croupal symptoms are increased. Pulse 140, and feeble. Not much noise in the trachea, which is dryer. Has vomited and purged during the night. Will take no nourishment. In the afternoon she was tossing about, and could not rest in one position long. The dyspnœa has increased; evidently, new membrane formed. At 5 o'clock, the nostrils dilated rapidly; the muscles of the neck, face and shoulders were laboring violently, the head was thrown back, the lips were livid at times, and the general aspect of the patient indicated a speedy death.

Drs. Palmer and Ayer being present, it was decided that tracheotomy was the only remedy that could save the patient, and yet this might fail. The patient was etherized, and with the assistance of these gentlemen I proceeded to the operation. The neck of the child being short and fat, and the veins distended, it became necessary to dissect with caution. A portion of the isthmus of the thyroid gland was divided; a small plexus of veins was pushed to one side. The loss of blood was not of much account. On opening the trachea, a small quantity of blood was drawn into it, which, together with the anæsthetic condition of the patient, produced an alarming asphyxia, and the respiration seemed entirely suspended for a few moments. With the insertion of a large double canula and the free use of brandy and water, with a dash of the latter upon the face, the little patient soon began to rally. As soon as reaction had partially taken place, she coughed up through the tube some blood, together with some stringy viscid mucus and small white pieces of membrane. Her breathing was now perfectly quiet. Directions were given to cleanse the tube every two hours, to put a lace cravat over the mouth of the canula,

to keep the room moist and at 70°, to continue the brandy, and give nourishment if she would take it.

At 8 o'clock, the record says—the respiration is easy, pulse 120, coughs occasionally, expelling a little bloody mucus, with some strips of membrane. If asked if she is better, she whispers "yes." She has a finger in her mouth—a habit she has had since birth. A competent nurse is to take charge of her. Brandy to be continued—gum water for drink. Potassii iodidi, gr. ij., every two hours. Dover's powder if restless, otherwise not to be given. Beef-tea, *pro re nata*.

10¾ o'clock.—Pulse distinct and soft, breathing louder, no sibilant inspiration. Tube has been cleansed. She can swallow slowly, without much difficulty.

7th, 9½ o'clock.—The patient took two Dover's powders of two grains each; slept at intervals during the night. Two or three times there was slight asphyxia, in her efforts to expectorate through the canula. There were two dejections, and she urinated once. She looks about the room, and wants to get up often, but cannot remain long. Pulse 120; breathing quiet, with some flapping sounds in the trachea. In cleansing the tube, some membranous pieces, with a thread-like appearance, were removed.

12 o'clock.—Dr. Palmer called with me. Pulse and breathing about the same. She swallows liquids without apparent pain. Considerable thick viscid mucus has been expelled, with more membrane. Wound looks well. Skin moist, but she has frequent thirst. Coughs often, with the expulsion from the trachea at each effort. The nurse wipes away the matter, as it appears, to prevent its return. Ordered a twenty-grain solution of nitrate of silver to be injected through the tube, twenty to thirty drops at a time, every four to six hours, according to the sibilant breathing. Continue other treatment.

9 o'clock.—The injection of the nitrate produces cough, and some strangulation, which is immediately followed by the expulsion of large quantities of semi-organized membrane. The patient soon falls into the quiet sleep of health. The tonsils and fauces look red, but I can see no white deposit. She relishes the beef-tea. Has had several small dark dejections; urinates freely. Treatment to be continued, omitting Dover's powder.

8th.—Respiration easy most of the day. At 1 o'clock, considerable heat about the face and head. She has inclined to sleep nearly all day. Once or twice was awaked with difficulty. The expectoration in the morning was muco-purulent, but during the day and evening became frothy, light, and of a bronchial character. The nurse has noticed a few small pieces of membrane. Some expectoration has taken place through the glottis. Cauterized the wound at the morning visit, it having taken on a whitish hue. Pulse 110. Although apparently weaker than yesterday, yet she has consumed more food. I could detect no pneumonic signs.

At the evening visit she was sitting in her mother's lap. Chlorate of potash was ordered; the iodide to be continued less often. Wine, *pro re nata*. To give all the nourishment the child will take. No injection of the nitrate of silver into the trachea to-day, but to be used if symptoms demand it.

9th.—Patient not so sleepy as yesterday. The expectoration has lost most of its purulent character, both by the glottis and tube. She calls for play-things. Appetite good.

10th.—Pulse 104. Expectoration less frequent; at times darker. Has taken oysters and sucked beef-steak. Wants to go down stairs. Has used her paper and pencil, and called for many other things. Has no fever; wound is looking better—is beginning to cicatrize.

11th.—Has had a better day than any since the operation, although the cheeks have been flushed at times. She has had some paroxysms of coughing, expelling more mucus by the glottis. In the evening she could breathe by mouth to some extent. Canula is not changed oftener than once in four to five hours. Tongue clean. Appetite appeased with oysters and steak.

12th.—Removed the canula this morning, and cauterized the wound. There has been some fever to-day, with a diminution of appetite. There is considerable mucus in the trachea and bronchi, causing a rattling sound when the patient sleeps. She is more irritable to-day. By closing the wound, the breathing seems quite easy and natural, aside from the mucous secretion.

Since this date there has been a gradual improvement, although her symptoms have been variable from day to day. On the 17th, there were some sibilant râles in the bronchi. A mixture of syr., ipecac., tolu and papav. was prescribed. Some days there would be heat about the head and face, owing, for the most part, to occasional constipation. On the 20th, the skin became erysipelatous upon each side of the incision, extending upon the neck. A decoction of ulmus fulva soon dissipated the inflammation. The wound cicatrized so tardily that nitrate of silver was applied from time to time. Dr. Gay saw the patient with me on the 22d. He suggested the following:—R. Argent. nit., gr. v.; adips., ʒ i., to stimulate the granulations. Also—Syr. ferri iodidi, internally. Cicatrization has been rapid since, and at the time of writing, February 4th, the wound seems entirely closed, and the child is about the house, talking as freely as in health.

Case II.—August 1st, 1855, I saw a girl of Mr. C., æt. 4. The child had been sick for a week; but for the last two days, she had exhibited all the aggravated symptoms of membranous croup. I found her nearly in a moribund condition—dyspnœa alarming, lividity of face, dry respiration, with every indication of a speedy dissolution. Tracheotomy was at once proposed as the only alternative of any promise. The parents consented without much reluctance. The operation was performed in the ordinary manner. No

other was used, the patient remaining very quiet. The moment the double canula was introduced, there came that calmness and that serenity of countenance which are so characteristic in some of these cases—as if some almost insurmountable obstacle had been overcome. For the first twenty-four hours the prospects for the recovery of the patient seemed quite flattering—but our hopes were soon dissipated. The parents resided in a cold, damp basement-room. The mother had the care of several children, with no assistant. Under these unfortunate circumstances, the directions for cleansing the tube, and for giving medicine and food, were more or less disregarded. Several times I found the child in a state of great dyspnœa, owing to the tube being nearly filled with tough viscid mucus and strips of membrane. Death occurred on the second day. Had this patient been in a good atmosphere, with a competent person to take charge of her, the result, I have reason to believe, would have been recovery.

Tracheotomy, of itself, seldom if ever produces death. M. Trousseau says, that "if the croup supervenes upon measles, scarlatina, smallpox or pertussis, tracheotomy does not succeed." Yet children often recover if pneumonia, pleurisy or erysipelas appear after the operation. From the results obtained in this city within a year, it seems quite evident that, with a proper canula, a well-regulated atmosphere, and the most vigilant attention on the part of the physician and nurse, the most skeptical in regard to the propriety of the operation must acknowledge its benefits. When medicine had become powerless, surgery has stepped in to rescue this hopeless class of patients.

89 *Salem Street.* ADINO B. HALL.

LECTURES ON ASTHMA.

DELIVERED AT HOTEL DIEU, BY PROF. TROUSSEAU.

[Translated from the *Gazette des Hopitaux* of Sept. 23d, 1858, for the Boston Med. and Surg. Journal.]

LECTURE IV.—EXAMINATION OF THE OPINIONS OF THE MEDICAL PROFESSION AS TO THE NATURE OF THIS DISEASE.

ACCEPTING the ideas of M. Louis, M. Rostan admits that asthma may be associated with pulmonary emphysema. This opinion is presented under a very specious aspect. Always finding pulmonary emphysema in asthmatics, M. Louis has concluded from this fact that this organic lesion is the cause of the malady; to him dyspnœa and asthma are one and the same thing. Whenever an individual is presented to him affected with essentially nervous asthma, he diagnosticates emphysema, of which percussion and auscultation, it is true, often reveal the existence. At the same time it would be easy to show him cases in which the nervous affection does not coincide with the pulmonary lesion in question. Thus, for example, in the case of the patient lying in bed

No. 10 of our Saint Agnes ward, who has been asthmatic for many years, there exists, at the same time, emphysema with pulmonary catarrh; there is also an asthmatic woman in No. 6 of Saint Bernard ward. In her, as many of you have personally observed, there is not a single symptom of emphysema; respiration is everywhere free and full.

Nevertheless, the facts quoted by M. Louis have been rigorously observed, but their import has been exaggerated. I shall proceed to explain to you how he has arrived at his conclusions.

Under what conditions is emphysema produced? Is it a primary or secondary affection? For my part, I do not comprehend how it can be a primary condition, and I cannot make you understand how it is an effect, not a cause of asthma, without entering into some details relative to the mechanism of its production.

And in the first place, what is the mechanism of cough? After an inspiration the glottis is convulsively closed; the expiratory muscles are brought into play to expel the air or mucus from the bronchial passages, the blood or the pus which they may contain. It is often only after most energetic efforts that these powerful expirations triumph over the resistance opposed to them. But what is taking place during this effort? There is a pressure in operation from within outward, acting on the bronchial tubes and the pulmonary vesicles. This pressure is transmitted outside of the chest by the swelling of the vessels of the face and neck, toward which the blood is forced by the compression of the vascular ramifications which are distributed in the lungs. The air imprisoned in the bronchial apparatus struggles against the elasticity of the walls of the pulmonary vesicles, and when the pressure is continued for a long time and energetically repeated, when the resistance opposed by the obstacles which prevent the exit of the air contained in the chest is too great, the walls of the vesicles are stretched, and emphysema is produced. Sometimes even the pulmonary vesicles burst, and there results an interlobular emphysema, with which we will not occupy ourselves at present.

When we think of this mechanism of the production of pulmonary emphysema, we are no longer surprised at finding it in infants who have had a violent whooping cough, in individuals subject to catarrhal affections, &c. Now pathological anatomy, in showing us the frequency of this lesion as opposed to the rarity of asthma, furnishes us with arguments against M. Louis's opinion; in fact, vesicular emphysema is observed in autopsies of individuals who have never experienced anything like asthma.

Everything, then, proves that pulmonary emphysema cannot be the cause of asthma. On the one hand, there is no relation between the organic lesion which necessarily remains, or at least does not disappear for some hours, and the transient symptoms which characterize the access of the malady,—on the other, the symptoms

exist without the lesion, and still more the latter may exist without the former ever having been manifested.

But, if it is not the cause of asthma, emphysema may be the effect, and I proceed to explain how.

On the one hand, in the asthmatic, inspiration is more slow, more full than in an individual whose breathing is free, notwithstanding that expiration, instead of occurring passively, as it ordinarily does physiologically, in virtue of the simple elastic force of the lungs and the relaxation of the muscles which have been brought into action during inspiration, in this case is active, more violent; and yet, notwithstanding these efforts, the air is expelled more slowly than it is in the normal condition, by reason of the obstacle opposed to its passage through the spasmodically contracted bronchial tubes. We can comprehend by this how, the malady continuing for a greater or less length of time, these efforts of expiration being repeated at each attack, returning at longer or shorter intervals, during one, two, ten or more years—we can understand how, these attacks being thus accompanied by a cough which gives rise to expiratory efforts more and more energetic, pulmonary emphysema is the result.

According to M. Beau, asthma is the result of a chronic catarrh of the small bronchi, in which the sputa are of a density and viscidity which are only found in this complaint. The dyspnœa is caused by the interruption to the exit of the air from the bronchial vesicles, caused by the presence of this thickened mucus in the ultimate ramifications of the bronchi. Laennec had pointed out the existence of these sputa, which he called pearly sputa (*crachats perlés*), in this variety of catarrh, to which he gave the name of dry catarrh, and which is nothing but asthma. These sputa, which the asthmatic expectorates in fact after his attack, appear under the form of mucous globules of the size of a grain of hemp seed. Never mixed with air, semi-transparent, of a greyish tint, sometimes blackish, a color due to the presence of black pulmonary matter, they sometimes lose their globular form, their density, and become slightly pearly.

M. Beau, who was familiar with the ideas of the illustrious author of mediate auscultation, who had himself observed facts agreeing with his theory—M. Beau goes on to say, that in asthmatics there is in the bronchial tubes an accumulation of this excessively plastic secretion; that we ought not, therefore, to be astonished at the distress suffered by these patients, the products of the plastic secretion acting as plugs in the bronchial tubes as completely as the false membranes in croup, or as foreign bodies—beans, for example—which have entered the air passages. The loud and sonorous râles which are heard in auscultating these patients, are caused by the vibration which the column of air experiences in passing the mechanical obstacle opposed to it by the

plastic mucus which it meets. This theory is somewhat specious; nevertheless, it is easy to combat it and to overthrow it.

Let us suppose an individual affected with croup, in whom the bronchial tubes are obliterated by diphtheritic false membranes; will this individual show us paroxysmal attacks of dyspnœa, such as we find in the asthmatic? Observe what takes place in the patient No. 19 of Saint Agnes's ward, and who is affected with a bronchial catarrh with a most abundant secretion. In this individual, who raises from time to time an enormous quantity of purulent mucus, filling his cup, the mucus evidently accumulates during a certain time in the bronchi, and yet he experiences nothing which resembles the attack of dyspnœa of the asthmatic. But, it will be said, in him the secretion takes place in the large ramifications of the bronchi, and consequently there is no obstacle to the passage of the air, since the trunk of the bronchial tree is large enough, notwithstanding the presence of the catarrhal matter within it, to allow the air to circulate with sufficient freedom. What proves that the accumulation takes place in the last ramifications is, that on auscultation you hear perfectly sonorous and very fine mucous râles. In regard to the abundance of the expectoration, it is evident that in this individual the obliteration of the bronchi is far more general, far more complete than it is in those who only raise little mucous, pearly sputa; and yet, I repeat, our patient experiences nothing analogous to the attack of dyspnœa belonging to asthma.

But, supposing that these pearly sputa are the cause of the difficult respiration which characterizes asthma, M. Beau will allow that this mucous secretion takes some time in forming. Now, the invasion of the attack of asthma takes place with a rapidity which has no relation to the existence of the cause summoned to explain it. The influence of a moral emotion, of dust, and of dust of a nature peculiar in its effects on particular individuals, in one case the powder of ipecac, in another of oats, &c., which is sufficient to provoke immediately an attack of asthma—is it sufficient to excite as promptly the mucous secretion in question?

Further, there are individuals who, subject to what Laennec designated under the name of dry catarrh, raise, by coughing, mucous and pearly sputa, and raise them with extreme difficulty. They have most violent fits of coughing, brought on by a sensation of oppression, of tickling in the chest and at the orifice of the larynx, and yet these people never have dyspnœa, never an attack of asthma.

Finally, there are asthmatics, few in number it is true, in whom you will seek in vain, either at the beginning, during, or after an attack, for signs of catarrh.

Thus, in an etiological point of view, the theory of catarrh is as inadmissible as the theory of asthma exclusively symptomatic

of an affection of the heart or great vessels, or the theory of emphysema. These theories are also much more inadmissible in a therapeutic point of view. When the question of treatment arises, I shall tell you that in a few moments an inhalation of the smoke of the datura, or of the vapor of nitre, is sufficient to cut short completely the attack. Now, I ask you, would it be so, if we admitted that the disease is exclusively dependent on material lesions or mechanical causes?

Nature of Asthma.—In considering the facts which I have rapidly and briefly unfolded to you, when we come to ask, what is, definitely, the nature of asthma, one is tempted to compare it to the other spasmodic diseases of which the pulmonary apparatus is the seat. Whooping cough immediately occurs as an analogous disease.

An individual is taken with a catarrh, which during seven or eight days has no other characters than those of the most simple bronchitis; then supervene convulsive attacks, which nothing can control, returning every hour or two, sometimes at longer intervals, and lasting hardly a minute to a minute and a half. During the interval the patient suffers from nothing but the symptoms of a common cold. His expectoration shows nothing peculiar. If this individual were to cough five hundred times you would hardly be able to count twenty or thirty fits of convulsive cough.

You are dealing, then, in this case with a catarrh, but a catarrh to which is added a nervous element, which authorizes you in turn to characterize the whole malady. This nervous element characterizes it so well that, under some circumstances, rare to be sure, it is the only distinguishing trait. I have for more than twenty years called attention to this capital fact, of the spasmodic element being able to exist alone. Among other examples, I have cited that of a child in my service at the Necker Hospital, who, for the first eight or ten days, presented nothing else as a symptom of whooping cough but a hiccough, which returned eight, ten and fifteen times in the course of twenty-four hours. He had not coughed before, and he did not cough yet. After eight or ten days he had some fits of coughing, and soon presented all the symptoms of a catarrh, which from that time kept pace with the spasm.

I have already said, and I repeat it, the case is the same with those affected with asthma; if most frequently they present all the phenomena of catarrh, and sometimes of a violent catarrh, in a certain number of cases there are no such symptoms.

We are right, then, in admitting with Willis, that asthma is a nervous affection, that the paroxysms of dyspnœa which characterize it are the result of spasm, which, by closing more or less transiently the bronchi, interferes with the free circulation of air in the lungs, and causes all the symptoms.

The labors of Reisseisen, the more recent labors of others, particularly of M. Gratiolet, who has had an opportunity of study-

ing the anatomy of the lung of an elephant which had died in a menagerie, have demonstrated the muscular structure of the bronchi. By what right, then, shall we refuse to these muscular tubes the possibility of being the seat of spasms, when we admit the possibility of their occurrence in other organs having a similar anatomical structure? By what right shall we deny the existence of bronchial spasms, when we admit the possibility of vesical and intestinal spasms, spasms of the stomach and urethra?

If physiology leads us, *a priori*, to the possibility of their production, we can no more withhold our belief when we study the pathological facts. Consider what occurs during an attack of asthma. The patient feels a sense of constriction in the chest. The energetic efforts of the inspiratory muscles are ineffectual to facilitate the act of respiration. It appears as if there were, and there really is, an obstacle to the entrance of air into the bronchi; for if you auscultate an asthmatic patient during the attack, you will hear neither râle nor vesicular murmur, which you hear as soon as the attack has passed off. And meanwhile the inspiratory muscles are in violent action to make a vacuum in the chest, where the air, nevertheless, does not enter. That which is opposed to this entrance of the air is, then, an obstacle in the bronchial tubes. We have seen that it is not a material obstacle, like mucus; it is a spasmodic contraction of the bronchial tubes themselves.

Other theories have been devised. While recognizing with us the nervous nature of the disease, M. Bretonneau believes that the dyspnœa in asthma is occasioned by a violent congestion of the lungs. According to him, there occurs in asthmatics something analogous to what happens in the case of the aura epileptica of the congestive form. Thus, in some individuals, in reality the aura epileptica is only painful, simply a painful sensation; which, starting from some point of the body, the thumb for instance, mounts rapidly toward the head, and is more or less immediately followed by a convulsive attack. In others, the aura is accompanied by a congestive movement evident to the sight. If it start from the hand, this swells, and the fingers are violently constricted by the rings upon them; this lasts one, two, or three minutes, and the attack comes on. This congestion is as essentially nervous as that which causes blushing of the face under the influence of moral emotions. M. Bretonneau believes that in asthma there is a similar congestion, which, obliterating the pulmonary vesicles and ramifications of the bronchi, is the cause of the dyspnœa, and produces subsequently the mucous secretion, which we generally observe, in fact, at the end of the attack.

However great the admiration which I profess for M. Bretonneau, my first and excellent master, I have always opposed this view of the case. I do not comprehend this aura, I do not seize upon all this; while I do comprehend, I do seize upon the asthma; and furthermore, I do not comprehend how the phenomena could occur otherwise.

Thus asthma is a nervous disorder; and, furthermore, it is a nervous disorder of habit. It is very rare, indeed, that this affection does not depend for its existence upon a chronic diathesis. It is this which I shall try to demonstrate in another lecture.

S. L. A.

Bibliographical Notices.

A Treatise on Fractures. By J. F. Malgaigne. With one hundred and six illustrations. Translated from the French, with notes and additions, by John H. Packard, M.D. Philadelphia: J. B. Lippincott & Co. 1859.

The first volume of the *Traité des Fractures et des Luxations* of M. Malgaigne, appeared in 1847; the second, characteristically enough of French books of more than one volume, not until 1855. It is a little singular, however, that we should wait till 1859 before getting in an English translation the first volume of a work so favorably and universally known in the original.

M. Malgaigne's work is for France what that of Sir Astley Cooper is for England; but the two can hardly be compared. The analytical and critical style in which the French so much excel, characterizes the treatise of Malgaigne, equally with the plain reasoning and practical observation which mark that of Sir Astley. Distinguished for his conservatism and the keenness of his critical acumen, for his bibliographical learning and the vivacity of his style, Malgaigne's former position at Bicetre, and his present one at St. Louis (a hospital that receives more accidents than any other in Paris), authorize the expectation of a work, the value of which neither ten nor twenty years can impair; of this expectation, we have the full realization in the treatise before us. Containing everything, from the most extraordinary to the most frequent—from a skull, fractured at the memorable catastrophe at the Meudon, by the steam generated in the ebullition of the brains, or, from a rib broken by the heart's impulse against it, down to the accident of daily occurrence—like Boyer's Surgery, one never turns to it without finding what he searches for. But it is not our business to commend a work so well known and appreciated.

The American edition is entitled "A Treatise on Fractures," and there is no intimation, anywhere, that it is the first volume of a work the second of which is constantly alluded to in its pages. The translator adds to the original a preface, numerous paragraphs enclosed in brackets and incorporated with the text, a bibliographical table, and an index which is hardly so good as the translated table of contents. The folio atlas which accompanied the French edition has been reduced in size, and occupies a place at the end of the book. The "notes and additions" consist of running commentaries, the introduction of cases and remarks upon American practice, with occasional references to authors or journals.

The translator's commentaries, in many instances, seem rather superfluous. An intelligent reader hardly requires to be told that "a jack is a species of hoisting machine" (p. 198); or that "in America

as in England, the humerus is said to have an anatomical and a surgical neck" (p. 415); nor does it add much to our store of knowledge to be told that Dr. Christopher Johnston of Baltimore, in 1852, said Malgaigne treated successfully two cases of oblique fracture of the leg (p. 643). When the author lays down the rule that no compressing apparatus should be applied to a fractured limb until all danger from swelling and inflammation has subsided, it is gratifying perhaps to know that "this rule has for many years been observed in the Pennsylvania Hospital, and with very successful results" (p. 207); but, because the text states that "the radius alone may be broken at any point in its length," we hardly see the necessity for saying that in "April, 1856, he (the translator) saw in the Baltimore Infirmary, under the care of Dr. Miltenberger, a case of fracture of the radius, high up," the only remarkable thing about which, appears to be, that it was "well marked."

The cases introduced by Dr. Packard do not always add to the value of the book; some of them, however, are of interest, as for example, at p. 261, the nine cases of non-union treated at the New York Hospital. In the additions to the chapter on ununited fracture, we notice that no reference is made to the method of Dr. Brainard, of Chicago. It is to be regretted that direct reference was not made to the printed records of the Boston Society for Medical Improvement, for the account of Dr. J. B. S. Jackson's very remarkable specimen of incomplete intra-capsular fracture of the cervix femoris, of which such an unintelligible and erroneous account is given at p. 552.

In the chapter treating of fractures of the scapula, Dr. Packard makes the statement that, during eighteen months residence in the Pennsylvania Hospital, he saw six well-marked cases of fractured scapula.—(P. 413.) This statement attracts attention, as it follows that of Malgaigne, who says that of 2358 fractures collected from the statistics of Hotel Dieu, only four, and out of 1901 from the Middlesex Hospital, only eighteen, were of this bone. Two of Dr. Packard's cases were instances of fracture of the neck of the scapula. Let us look for a moment at what some of the books say with reference to this so-called "fracture of the neck of the scapula."

Mr. South (*Chelius*, Vol. I., p. 549) says, "there seems to be good reason for believing that this fracture never occurs. I believe there is not any existing specimen of fracture of the neck of the blade bone." Mr. Erichsen (*Sc. and Art of Surg.*, p. 201) remarks, that "on looking at the great strength of this portion of the bone, and the way in which it is protected by the other parts about the shoulder, it is difficult to understand how it can be broken except by gun-shot violence." Boyer (Vol. II., p. 150) says, "there is hardly an example of fracture of the neck of the scapula." Of course, none of these authors would deny the possibility of its occurrence in a comminuted fracture of the scapula. Astley Cooper reports three cases, none of which are accompanied by any confirmatory dissections, or by a reference to any specimens. His first case was complicated with a fracture of the acromial end of the clavicle, and was not seen by him until six months after the accident. The second was reported to him by another physician. The third, alone, fell under his own observation. Malgaigne says that this fracture "being ordinarily accompanied by a displacement of the head of the humerus, its history will be given with the

subject of dislocations." On turning to his second volume, page 551, after speaking of the "*signes tres-insuffisants d'A. Cooper*," he states that he knows of but two cases of fracture of the neck of the scapula. Of these, the first is reported by Delamotte; there was neither depression of the shoulder, nor was the head of the bone felt in the arm-pit, "*et l'on ne sait véritablement sur quoi le bon chirurgien de Vulognes établit son diagnostique.*" The second case is verified by a dissection which revealed a fracture "which separated from the rest of the bone the neck of the scapula and the coracoid process, that being what A. Cooper understands as the fracture of the neck." But in the history of the case, Malgaigne shows that the diagnosis was a piece of good luck, and not authorized by the symtoms manifested.

We have referred to this question the more particularly, because fracture of the neck of the scapula is generally thought to be of not unfrequent occurrence. The facts certainly show that, though it is not an impossibility, it is at least of extreme rarity (five cases only being on record, four of which admit of reasonable doubt as to the correctness of their diagnosis), and to be revealed by other symptoms than those of a dislocation into the axilla which reproduces itself as soon as reduced; for any one who has ever dissected the ligaments which attach the coracoid process to the clavicle and acromion, will be at a loss to understand how a displacement downward can take place, and will argue, with Nelaton, that the diagnostic signs of this fracture "are drawn from theoretical views rather than from those of direct observation."—(Vol. I., p. 722.) At all events, the differential diagnosis of this fracture from that of the anatomical neck, or that through the tuberosities of the humerus, has yet to be more precisely drawn.

In conclusion, we would say, that we have no fault to find with Dr. Packard's translation (except in its extraordinary punctuation); on the contrary, much to commend: but with his additions, we think a little more discrimination would not have been out of place. They suggest the idea that in the fear of being charged with having only added "such a sprinkling as a single penful of ink might furnish, and yet have enough to spare for a flourishing autograph," he had tried to insert a paragraph wherever his ingenuity could suggest one. We hope that in spite of the statement on the title page of the second volume, that *l'auteur et l'editeur de cet ouvrage se réservent le droit de traduction à l'étranger*, some arrangement may be effected by which we may have a translation of the volume on dislocations from the same source, and if Dr. Packard will then place his additions at the foot of the page, instead of intercalating them in the text, we shall have a great deal to thank him for in giving complete to the medical profession one of the most valuable of modern French works.

Ophthalmic Hospital Reports, and Journal of the Royal London Ophthalmic Hospital.

The fifth number of this gem of medical periodicals has been received, and fully sustains its high character by the originality, conciseness and value of its articles. Among other excellent papers, those by Mr. Critchett on the formation of artificial pupil by including a portion of the iris in a ligature, and by Mr. Solomon on reclination of cataract with two needles, are admirable for their lucid style, and

show how much may be done by men of skill and genius, in the improvement of even those operative methods which we have been accustomed to regard as having already reached a high degree of perfection. W.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 17, 1859.

THE LATE DR. DEANE, OF GREENFIELD.

In the number of this Journal issued on the 17th of June last, we announced the death of Dr. Deane, and expressed the hope that some one qualified for such an undertaking would furnish us with an account of his life and character. This has since been ably done by Dr. H. I. Bowditch, of this city, whose knowledge and appreciation of Dr. Deane well fitted him for the labor of love. A friend has handed us, within a few days only, a copy of the Address delivered by Dr. Bowditch, at Greenfield, August 4th, 1858, upon Dr. D.'s life and character, and which we confidently expected to have sooner received and commented upon.

Commencing with an exordium replete with true feeling and excellent sentiment, Dr. Bowditch passes in review the various epochs in the life of his distinguished friend. Under the head "Childhood and Farm Life," we learn that Dr. Deane was born February 24th, 1801, at Coleraine, Franklin Co., Mass. His very "humble home" was situated in the midst of striking and beautiful mountain scenery; and hence, doubtless, arose an early love of Nature and an habit of observation, which, unconsciously established at an early age, grew to be an element of the man's character and a necessity of his life. The orator alludes in eloquent terms to these circumstances and influences.

"Every morning, as the child came forth from the cottage to wash his rosy young face, at the simple stone basin, hewn out by nature, and placed near the well-sweep for the convenience of the whole family, his eyes were greeted with a gorgeous burst of nature in her sublimest form. Afar off, on one side, the distant Monadnoc arose, peak like, beyond a line of broken hills more immediately below him. In front, Wachusett lay, tipped often by the rays of the rising sun, and suggesting to his susceptible young heart ideas of serene beauty and of God. A few short steps from the dwelling enabled him to reach a height, whence he could seize in his glance the more Southern Massachusetts Hills, and the whole line of the horizon, with its curves of varied light and shadow, blending, in eternally changing loveliness, with the arch of Heaven. Can you wonder that an intense love of nature and of beauty was, by his very dwelling-place, instilled into his childish heart? During a recent visit to the spot, I found all changed save this glorious nature. God be praised! no human power can destroy that. It still speaks, in all its sublimity and beauty, to every heart, as it formerly spoke to his."

The power of maternal care, example and precept is next mentioned by Dr. Bowditch, and a fitting tribute paid to her who early led young Deane to study, and who was "a woman of sterling piety, good sense," and genial temperament. It was she whose "sweet voice

first greeted that exquisite sense for music, which ever after, during his whole life, was the source of some of his highest enjoyments."

We are next told of the first "yearning" of the boy for a wider and more exciting sphere of action than that afforded by the precincts of the homestead—of his wanderings in fields and woods—his noting the growth of trees from year to year, by driving nails into them—drawing caricatures upon their bark—or, as we gather from the author's quotation on the 8th page of his Address, piping upon rustic flutes made by his own hand, like a second Tityrus.

The friends of this "thinking youth" soon abandoned the idea of making him a farmer; and so his education now began in earnest. In the words of our author: "The divine afflatus seemed constantly urging him in a different, I will not say a nobler course: for I deem the life of a farmer, if thoroughly and knowingly pursued, one of the noblest presented to man. But it must be admitted that these tendencies [such as Dr. B. had previously mentioned—love of natural science, of music and drawing] in James, were a great drawback to his reputation as a keeper of cows and splitter of rails."

Passing over the account of Dr. Deane's "clerkship at Greenfield," when he was so happily situated in the family of Elijah Alvord, Esq., we come to the period when he began the study of his profession. He first attended medical lectures in New York in 1829–30, and received his degree of Doctor in Medicine in 1831. Shortly afterward he settled in Greenfield. Dr. Bowditch clearly and faithfully sketches the main features of his medical career, and we cannot refrain from quoting such a worthy tribute to the memory of a truly "good physician." On page 14 of the Address, it is pertinently and truly said that "no man was ever less of a trumpeter of his own fame than the excellent but modest Dr. Deane." It is also significantly remarked that, so far as reputation can be designated "success," he was completely successful. "I think I may say, not invidiously," adds Dr. Bowditch, "that he took the first rank as a surgeon, in this vicinity"—that is, in the country around Greenfield; and over an area of no small extent. His freedom from the taint of avarice, and his entire devotion to the welfare of his patients, are adverted to; as also his ambition to keep himself fully informed upon the progress of our Art, and his determination to neglect nothing which could better fit him for its practice.

With regard to Dr. Deane's "Medical Writings," it is peculiarly our province most gratefully to speak. We have previously acknowledged the indebtedness of this JOURNAL to his pen; and long before we were connected with it in our present capacity, it could boast of his valuable and always acceptable communications. We could wish that more such men would favor us, at least as frequently as he did, with their contributions—and as much more frequently as possible. We subjoin the admirable and truthful remarks of Dr. Bowditch upon this portion of his friend's productions.

"Thus he quietly labored to make himself all that God intended he should be. Daily he gained the hearty respect of his associates of the medical profession; that sole tribunal to which every honest physician ever gladly appeals for the true estimate of his own worth. Mere public fame, fickle and thoughtless as it is, never gave a genuine success to any physician. In consequence of this respect among his peers, Dr. Deane was brought in contact with most of the rare cases of surgery and medicine within a radius of thirty miles. Feeling at times that he had

something worthy of being communicated to the profession, he was naturally led to seek the aid of the press. Accordingly, in 1837, six years after beginning practice, he sent a communication to the Boston Medical and Surgical Journal. From that time until January, 1855, he was a frequent contributor to the pages of that Journal. In truth, with the exception of the editors, few have contributed more articles than he has prepared for the pages of that Journal. These papers are all written in a curt, pithy style, exactly to the point, with not a word too many or too few. Every word tells. The language is as precise and clear as his own keen perceptions. The sole regret of the reader is that the writer has been so brief. He evidently never writes a word for mere effect, but simply to tell as clearly and as concisely as is possible, whatever he meets in his daily practice, that he thinks will be of real value to his profession. He has a good thing, and he submits it with entire confidence to his fellows. He writes, too, as he expressed himself, for men and accomplished physicians, and not for mere boys in medicine. Hence he pre-supposes an ample knowledge of many things that most writers on the subject would have alluded to. The French maxim must be partially reversed in his case. We always sigh to lengthen out his communication, and are as much vexed at his brevity, as we are annoyed by the prolix writings and conversations of others. These papers are chiefly upon the surgical cases he has met, but he likewise records some very interesting cases in medicine proper, and pathology. We can trace the gradual rising of his reputation by the gradually increasing severity of the incidents mentioned, until, at length, we find him daring the boldest flights of our art. In some instances he surpasses the great masters of surgical skill. Yet these very records, by their gentle allusions and occasional bursts of real feeling, demonstrate, what you all know by personal experience, that he never operated without having a feminine tenderness for the suffering of his patients."

After mentioning certain striking instances of his surgical skill—such as his operation for ovariotomy, for extirpation of a cervical tumor, &c.—other medical papers are referred to by the orator, and particularly that prepared by request of a Committee of the Massachusetts Medical Society, on "The Hygienic Condition of the Survivors of Ovariotomy"—a paper necessitating varied correspondence with foreign authorities, and of course requiring much time and labor in its preparation.

Dr. Deane, although at first not interested in the Massachusetts Medical Society, from not having been brought into contact with its members at their annual meetings, became subsequently, when circumstances allowed of his mingling with them at such times, one of its warmest and firmest friends; and in 1854, he was elected Vice President, and held the office for two years.

It is with admiring interest that we turn to the account of "Dr. Deane as a Naturalist." Our only regret is that we have not more space to devote to the specification of his full claims to this title. But this is not needed. Who has not heard of him in this capacity? We some time since noticed, at considerable length, his admirable production—illustrated by his own hand—upon the "Fossil Foot-Prints" of the Connecticut Valley. To him, indisputably, belongs the credit of their discovery, and of examining the subject with untiring and successful zeal. We wish we could say, for the credit of other scientific men, of perhaps more knowledge, but possessed of infinitely less nobleness and generosity, that Dr. Deane was well treated in relation to his important labors in this particular sphere of natural history. We refer the reader to the Address itself, not only for the enumeration of the various papers communicated by Dr. Deane to scientific journals, but also for the unhesitating expression of opinion by its author, as to the manner in which the discoveries were received,

and, we will add, unscrupulously appropriated by another. No credit redounds, from this particular phase of the transaction, to the erudite Prof. Hitchcock, of Amherst.

Dr. Bowditch alludes, in this connection, to the possibility that these marks were not "*bird-tracks*" at all—and draws the moral, that worthy and excellent men should not, as they often have done, quarrel about an "airy nothing." Dr. Deane himself subsequently admitted that certain specimens observed, established the fact that "similar tracks he had previously supposed to be those of a bird, were really those of a quadruped, which walked mostly on its hind legs." Notwithstanding all this, to Dr. Deane is due the honor of discovery, and the credit of brilliant illustration and faithful research. We are indignant when we reflect on the manner in which he was almost ignored by one whom he first incited to similar study.

In his relations to Society, Dr. Deane is described as "eminently domestic"—a devoted son, an affectionate husband and parent, a kind neighbor and a most valuable friend. His accomplishments—some of which we have already mentioned—made him at once an agreeable companion and a truly useful man. Fond of music, and with a taste for drawing, which his latest work fully displays, he had that unusual facility for mechanical execution, which enabled him to construct "an organ that was so perfect, that it was purchased of him." He was likewise not unsuccessful in poetical composition; his temper was genial, and a power of mimicry and "love of fun" also entered into his composition—although, according to Dr. Bowditch, these qualities were somewhat "subdued by the graver tones of his character," so that many did not suspect him of possessing them.

As to his "Religious Views," it is probable, from all we can learn, as well as from our author's statements, that Dr. Deane, like many refined and cultivated scholars and sensitive men, shrank from giving any marked publicity to his tenets and sentiments. We are told by Dr. Bowditch, "that one who knew him well" assured him "that he believed in the saving influence of Christ's death"; while "another, equally well acquainted with him, says 'he was a decided Unitarian.'" "For my own part," adds Dr. B., "I can say as Richter says of Herder, 'he made me feel how much he loved God and every child.'" And again—"his reverence and love of God were unbounded."

In health, Dr. Deane was tall and of a commanding presence—"his very walk conveyed an idea of strength." His last illness was marked by typhoidal symptoms, and he died June 8th, 1858, somewhat unexpectedly, we believe, to most of those who had known him—at least in this neighborhood.

The thanks of the profession and of the community are eminently due to Dr. Bowditch for the impartial and lucid account he has given us of an eminent, good and truly beloved physician. We cannot forbear to present, in closing our already extended remarks, the following paragraph, whose sentiments do honor to their speaker, and deserve to be treasured by all our brethren who heard or now read them:

"To my associates of the medical profession, the dead form of our brother speaks in mute but eloquent tongue, bidding us to respect, as he did, our noble art; to put aside all quackery and untruthfulness from our thoughts and deeds; to claim nothing more than is right and submit to nothing that is wrong, when

the duties of our profession summon us; to deal gently with and to honor one another; to abhor detraction, even by a look, from another's fair fame; to avoid all routinism in our practice, and to keep ever our hearts unspotted, and our minds always active in the search after truth."

SANITARY CONDITION OF NEW YORK CITY.

A SELECT committee of the Senate of New York State has made a report on the sanitary condition of New York city, the causes of the great mortality of the metropolis, and the means whereby the present state of things may be improved, and future evils prevented. It is a most interesting document, occupying four closely-printed columns of the *New York Times*, and is replete with startling facts. Although few cities offer such opportunities, in a sanitary point of view, as New York, yet in few is the ratio of mortality greater, or the hygienic condition, in certain districts, at least, worse. Thus the mortality of London is in the proportion of 25 in 1000; that of Paris, 28 in 1000; while that of New York is 36.38 in 1000. This state of things has been gradually increasing with every year. Fifty years ago the proportionate mortality (1 in 47½), was less than that of London is now (1 in 45), whereas at the present time it is actually nearly as great (1 in 27) as that of London two centuries ago.

The causes of this excessive mortality are mainly attributable to the rapid increase of the population, without a corresponding advance in the scientific application of sanitary precautions and remedies, owing to the want of an efficient Public Health Department. This department, as at present organized, is only a branch of the City Inspector's Office, which, besides the most important function of a general supervision of the public health, including the inspection and removal of nuisances, the control and prevention of diseases, and the registration of births, marriages and deaths, has the charge of the cleaning of the streets, the regulation and management of the eleven public markets, and the inspection of weights and measures. In the performance of these duties the Inspector is obliged to hire laborers, to select the dumping grounds for the street sweepings, and supervise the same, and to make contracts to the amount of from two to four thousand dollars annually. It is obvious that these multifarious occupations are too numerous for the performance of a single office, and the Committee recommend "that the department which has the supervision of the public health in New York should be entirely separate from all others, and unencumbered with irrelevant duties and responsibilities; that it should be placed on a more solid and independent basis than the ordinary divisions of the government; that as far as legislative enactment can accomplish the object, its head should be a thoroughly competent sanitarian, and the tenure and emoluments of office such as to insure the greatest skill, devotion and efficiency. Under such arrangements as these, the Committee are of opinion that the most salutary results would follow; that the estimate which has been made of $13,000,000 as the cost of *avoidable* sickness and death, and the unnecessary loss of *five thousand lives* per annum, might be prevented, with an effect upon the happiness and morals of the people which can neither be reckoned in figures nor expressed in words."

Sanitary matters at last begin to occupy a conspicuous place in the consideration of the inhabitants of New York. The public is beginning to be alarmed at the frightful state of the public health. A sani-

tary committee, self-constituted, we believe, and composed mainly of medical men, meets regularly, once a fortnight, to discuss matters relating to public hygiene, with a view to effect a thorough reform in this department. Mayor Tiemann attends these meetings, and is ready to second every movement in the right direction. How far the existing evils can be remedied, is a matter of doubt. We can hardly expect a great change to be made in the construction of the dwellings of the poor. If people will live in unwholesome cellars, and crowd together in close apartments, it must be a slow process to teach them the economy and luxury of light, warmth and cleanliness; but the streets can be cleaned, sewers can be repaired and new ones can be built, nuisances can be abated, and an immense amount of work can be performed which has been accumulating for years. But to cleanse these Augean stables requires a Hercules. Nothing but "a thorough sanitarian" can suffice for this labor, a man who unites science, common sense and humanity with energy and resolution. Such a man can only be secured by making the office a permanent one, and attaching to it such compensation as shall make it worth while for a competent person to undertake it.

THE BURNING OF RUSSELL'S STEAM BAKERY.

THE destruction of this establishment has been fully chronicled by the daily press, and we intended, a week since, to have added our voice to the expression of regret which the occurrence elicited. By whatever instrumentality the fire was communicated, we regard the loss of the "bakery" as a public calamity. If there be any one thing which we, hygienically and dietetically, most ardently desire, it is the furnishing of good and wholesome bread to the community—and we may add, that, personally, it has long been our endeavor to secure such for our own individual mastication, and that of the members of our family. Good home-made bread we have been able, nearly always, to secure; but the outside article has been, at best, dubious.

The "Steam Bakery" has proved successful in other places, and bakers generally, we are informed, where it has been established, have come to regard it as a good arrangement, and one not intended to injure, and really not injuring them. It is only a day or two since a medical friend detailed to us the admirable working of the plan in Baltimore; and also stated that, by an understanding with the proprietors, the other bakers found it for their advantage to become *distributors*, only, of bread—abandoning their own private bakeries. Why should it not be so here? And why, we would ask in addition, should our population—rich and poor together—be compelled to buy bread at high rates, when that of better quality and uniform weight can be afforded at less prices? When it is known that the five-cent loaf has ranged, and does range, *from twelve to twenty-five ounces* in weight, who can reasonably be content with such a system? Give us, say we, a well-managed "Mechanical Steam Bakery"—and when it is built, and in operation, let it be better watched than the one just burnt was; in vulgar *parlance*, "it will pay"!

We may add that we tried the bread from Russell's bakery, and found it to be excellent and palatable.

Springfield, Mass., Feb. 10, 1859.

MESSRS. EDITORS,—An article recently appeared in your very excellent JOURNAL, relative to my artificial leg, and myself. You remark, "we cannot vouch for the facts, but presume them to be correct." To disabuse your minds, and the public, allow me to state some facts relative to the subject. And I will ask at the outset, why did not Palmer & Co. publish the article over their own signature, and not fire at arm's length over the shoulder of another? Is it because they fear to face statements so utterly void of truth? While in their employ, they took no small pride in stating that I was the "best workman," and stood at the very

head of the profession. For the last four years of my connection with them, at their urgent request and unanimous consent, I acted as foreman. If a number of their other workmen were "far superior," why was this responsible position given to *me*? Why were all the most difficult cases, requiring great skill, ability and judgment, given to me to adjust, and the "far superior" workmen kept on the most common cases? I am constantly receiving letters from patients wearing *other* legs, inquiring for a *better* leg. A great number of patients wearing the "Palmer leg" are coming to me to have them repaired—many living in Boston and New York. The public understand where the "far superior" workmen are. I have made legs for patients wearing the "Palmer leg," and have received orders from others. I have made legs for patients who have tried various kinds of legs for the last fifty years. The examiner at the Patent Office remarked, "The leg of your invention is the most simple in its construction, *durable and original*, of *any* that I have ever examined." At the recent State Fair in Connecticut both legs were thoroughly examined. Two of the judges being old personal friends of Mr. Hudson, and having previously given their opinion in favor of "Palmer's leg," were unwilling to give an honest decision, being influenced by personal feelings. The chairman remarked, "I am decidedly in favor of the Douglass leg; *it is far superior* to Palmer's." The two judges remarked to me, "we are *unable* to decide on the merits of the two legs," and ask the appointment of a fourth judge; but finally gave the case no further hearing. When I asked them by what authority they could grant the medal to *either leg*, they could not answer. If the "Palmer Leg" possesses the merits they claim for it, and my leg is such a poor thing, why did Mr. Hudson "post" the judges so thoroughly about me and my leg? Why did he fear to have them "even notice" my leg? If my leg is good for nothing, why did he call me a "humbug, charlatan, impostor, pretender"? Why did he not *still* call his the "Palmer Leg," and not try and steal the reputation of mine? If my leg is such a poor one, why have they, for more than a *year past*, been publishing articles in various papers and journals, advising surgeons not to send their patients to me, asking them to still "sustain their invention?" Why have they issued "Circulars" and sent them all over the country, calling on the public not to patronize me? If this leg is so "durable," why do they complain that I am "transferring their patronage" to me? What do I want of their patients after they have supplied them with limbs? If my leg is a miserable thing, why did Mr. Richardson, of Palmer & Co., on two occasions, go from Boston to Worcester, to induce a patient of mine to purchase a leg of them, offering to make it for less than half the price he paid me? But he did not accomplish his purpose. Does this look as though I was "personally soliciting the patronage of their patients?"

If my leg is good for nothing, and my ability the same, why is it that Palmer & Co., on *four* different occasions, came to me and earnestly entreated me to return to their employ? Not succeeding here, why is it they tried to induce me to throw up the manufacture of my leg, and manufacture theirs? Why is it their "six or eight" workmen are reduced to *two*? The public will not be deceived, but will go where they can get the best leg. I am in possession of many other facts, but it is not necessary to use them now.

By giving the above an insertion in your JOURNAL, the public will have both sides, and will judge for themselves. I am, very respectfully yours,

D. DEFORREST DOUGLASS.

DR. THOMAS WATSON has been appointed Physician Extraordinary to Her Majesty, Queen Victoria, in place of the lamented Dr. RICHARD BRIGHT. Dr. Watson is well known to the profession for his high character and distinguished attainments, and as the author of the "Principles and Practice of Physic."

DIED,—At Kailua, Hawaii, on the 28th of November, Dr. Thomas Charles Byde Rooke, F.R.C.S., 52.

Deaths in Boston for the week ending Saturday noon, February 12th, 44. Males, 21—Females, 23.—Accidents, 3—apoplexy, 1—asthma, 1—inflammation of the bowels, 1—consumption, 10—croup, 2—dropsy in the head, 3—debility, 2—infantile diseases, 2—scarlet fever, 1—gravel, 1—disease of the heart, 2—inflammation of the lungs, 3—disease of the liver, 2—measles, 1—old age, 1—palsy, 1—pleurisy, 1—disease of the spine, 1—smallpox, 1—sore throat, 1—teething, 1—unknown, 1—whooping cough, 1.

Under 5 years, 14—between 5 and 20 years, 2—between 20 and 40 years, 12—between 40 and 60 years, 8—above 60 years, 8. Born in the United States, 29—Ireland, 13—other places, 2.